## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/24/07	Address:	8291 W. 00 NS
Case #:	16F17567		Russiaville, LN, 46979
County:	Howard/34		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
(check all th  ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water I ☐ Anhydr ☐ Hydroc ☐ Corrosi ☐ Corrosi	nd: Location (bedroom, kitchen, open nat apply)  //Ammonia Reaction(s): barn  osphorous/Iodine Reaction(s):  able Solvents: barn  Reactive Metal (Lithium): barn  ous Ammonia: barn  hloric Acid Gas Generator(s):  ve Acid: barn  ve Base:  item and location):	_	
Yes no No *If yes, fax re	er age 18 discovered (check one) (a (number present)  epart to Child Protective Services (1 is to be faxed to the following ag	☐ Ephedrit ☐ Retail/M ☑ Other: <u>H</u> a	re Information ne/Pscudoephedrine Tracking Log lerchant Tip oward Co. Shf. Dept location:
Fire Department Depart	tment: <u>Russiaville VFD</u> partment: <u>Howard Co.</u> ection Service: <u>N/A</u> : information regarding this metham	Fax: <u>765-4</u> Fax: <u>765-4</u> Fax: <u>N/A</u> photamine laboratory, e	<u>456-7580</u> <u>456-2292</u>
Child Protection Service: N/A  For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666			

\*\* This form is to be faxed to the 16re Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case tile, and a copy sent to the Clandestine Laboratory Team Leader for retention.